**FEC** FORM 3X

## REPORT OF RECEIPTS: AND DISBURSEMENTS

PH 3: 0 Office Use Only

Rev. 12/2004

1.	NAME OF TY COMMITTEE (in full)	PE OR PRINT	▼ Example over the	: If typing, type lines.	2FE4M5	,
M	EDICINAL CA	MNAB	15 5 VPER	PAC		ليبيب
		1111				
ADI	DRESS (number and street)	1182	2,4,1 h 1.5,7			
	Check if different than previously reported. (ACC)	Dakla	nd	<u> </u>	Ca 9460	2. <b>7</b> ]-
2.	FEC IDENTIFICATION NUMBER ▼		CITY A	STA	ATE ▲ Z	CIP CODE A
	C0053452	9	3. IS THIS REPORT	NEW (N) <b>OR</b>	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reparts:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
			Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
		(c) 12-Da	•	nary (12P)	General (12G)	Runoff (12R)
			Election t for the: Con	vention (12C)	Special (12S)	
	October 15 Quarterly Report (Q3)		_			
	January 31 Year-End Repo <b>rt</b> (YE)		Election on	м / в в / ч		in the State of
	July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	i	' NA	eral (30G)	Runoff (30R)	Special (30S)
			Election on	1 86 2	ŎĬŽ	in the State of
5.	Covering Period $\overset{M}{/} \overset{M}{O}$	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Ž <b>Č Ž Ž</b> t	nrough //	26' <u>20</u> 1	Ž
	ertify that I have examined this	Report and to	the best of my knowled	ge and belief it is true,	correct and complete	<b>9.</b>
ıyp	oe or Print Name of Treasurer	_ <i>UU3</i> G		1	<del></del>	
Sig	inature of Treasurer	an	Mutta	Date	e 01''	3 ' 2013
NO	TE: Submission of false, erroneou	us, or incomplet	e information may subjec	t the person signing this	Report to the penaltie	s of 2 U.S.C. §437g.
	Office				FEC	FORM 3X

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